

**BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA**

DOCKET NO. 2009-144-C

IN RE:

Application of TracFone Wireless, Inc. (SafeLink)	
Wireless Inc.) for Designation as an Eligible)	
Telecommunications Carrier ("ETC") in the State)	ETC ANNUAL REPORT
of South Carolina for the Limited Purpose of)	
Offering Lifeline Service to Qualified Households)	

Pursuant to regulation 103.690 of the South Carolina Public Service Commission ("Commission"), SafeLink Wireless Inc. ("SafeLink") hereby submits this Eligible Telecommunications Carrier ("ETC") Annual Report

I. BACKGROUND

The Commission, Order 2010-231, dated March 31, 2010, designated SafeLink as an ETC pursuant to 47 U. S.C. § 214(e)(2). By letter dated May 1, 2008, the Commission informed the Federal Communications Commission ("FCC") and the Universal Service Administrative Company ("USAC") of this designation. The Commission's initial certification to the FCC and USAC was effective March 31, 2010, the date of its Order designating SafeLink as an ETC. Pursuant to sections 54.313 and 54.314 of the FCC's rules, which require states to establish an annual certification process for rural and non-rural carriers receiving federal low income support, SafeLink submits this annual report for the purpose of extending its ETC designation and the Commission's certification of SafeLink's entitlement to receive federal low income support for the 2018 calendar year.

II. ANNUAL REPORTING REQUIREMENTS

1. Certification of compliance with CTIA Consumer Code or service quality standards in 103-663.

SafeLink certifies that it is in compliance with all applicable service quality and consumer protection requirements and standards, including the CTIA – The Wireless Association® Consumer Code for Wireless Service, as it is required to do pursuant to Section 54.202(a)(3) of the Federal Communications Commission’s rules (47 C.F.R. § 54.202(a)(3)).

2. Progress Report of two-year plan for advertising and outreach.

SafeLink/TracFone works with an external Advertising Agency to develop advertising strategies with the goal of creating awareness by target audience. In South Carolina SafeLink/TracFone advertises in Designated Metro Areas on commercial TV and radio stations, especially those stations whose programming is targeted at communities where qualified customers are likely to be in the audience, as well as, nationally through cable television.

Also, Retailers and Social Service organizations are provided with signage to be displayed where SafeLink/TracFone products are offered and with printed materials describing the SafeLink Lifeline program.

3. Requests for service that were unfulfilled.

None. SafeLink only provides Lifeline service to individuals in South Carolina who qualify to receive Lifeline service. All requests for SafeLink Wireless service by South Carolina residents who have been able to qualify for Lifeline support have been fulfilled.

4. Number of complaints or trouble reports per 1,000 handsets.

The number of complaints per thousand handsets in South Carolina in 2017 was 0.42.

5. Certification of compliance with service quality standards and consumer protection rules.

SafeLink certifies that it is in compliance with all applicable service quality and consumer protection requirements and standards, including the CTIA – The Wireless Association® Consumer Code for Wireless Service, as it is required to do pursuant to Section 54.202(a)(3) of the Federal Communications Commission’s rules (47 C.F.R. § 54.202(a)(3)).

6. Detailed report and certification that the ETC is able to function in emergency situations.

SafeLink certifies that it will be able to function in emergency situations to the extent that its underlying network providers are able to do so. SafeLink provides service in South Carolina using the networks the several of the leading wireless companies in the nation, including Verizon Wireless, AT&T Mobility, and T-Mobile. SafeLink relies on those networks’ reliability in all

situations, including emergency situations. Each of those companies complies with applicable requirements for emergency service, including available power supplies. Those network operators have implemented state-of-the-art network reliability standards and SafeLink and its customers benefit from their high standards. Throughout its more than ten years of existence, SafeLink's service reliability has compared favorably with that of any facilities-based operator in the wireless telecommunications industry.

7. Certification that the ETC is offering a local usage plan comparable to that offered by the incumbent LEC in the relevant service areas.

SafeLink certifies that it offers a local usage plan "comparable" to those of the incumbent LECs serving relevant service areas. However, SafeLink notes that "comparable" does not mean "identical." There are significant differences between wireline and wireless service offerings. Unlike traditional wireline offerings, SafeLink does not offer unlimited local service at flat rates. Instead, its service may be used by customers for all manner of calls – local, long distance, intrastate, and interstate, as well as international calls to more than 60 destinations. There are no separate toll charges and no roaming charges. In addition, SafeLink customers receive at no additional charge such vertical service features as call waiting and caller ID. Typically, incumbent wireline LECs charge additional fees for such service features. Given these intrinsic differences between wireline and wireless services, SafeLink's SafeLink Wireless service is comparable with that provided by wireline incumbent LECs.

8. Certification that the carrier acknowledges that the [FCC] may requires it to provide equal access to long distance carriers in the event that no other eligible telecommunications carrier is providing equal access within the service area.

SafeLink certifies that it may be required to provide equal access to long distance carriers in the event that no other ETC is providing equal access within the service area. However, SafeLink reminds the Commission that its wireless service includes calling to all locations (including locations which would involve payment of toll charges if provided by ILECs). Since SafeLink, unlike wireline carriers, including wireline ETCs, does not impose separate charges for what those wireline carriers call “toll” calls, it seems highly improbable that any SafeLink customer would want to equal access to long distance carriers since use of SafeLink’s service to place long distance calls would still incur wireless airtime charges.

9. Number of Lifeline Customers as of December 31, 2017.

The number of Safelink customers as of December 31, 2017 was **44,316**.

10. Copies of responses to Lifeline Verification Survey or Certification filed with USAC on August 31, 2011.

Please note that this Survey has been eliminated as a result of the FCC Lifeline Reform Order. SafeLink has submitted copies of its FCC Form 481 and FCC Form 555.

Respectfully Submitted,

s/ Jeremy C. Hodges
Jeremy C. Hodges
Nelson Mullins Riley & Scarborough, LLP
Post Office Box 11070
Columbia, SC 29201
(803) 255-9766

Stephen Athanson
Regulatory Attorney
SafeLink Wireless Inc.
9700 N.W. 112th Avenue
Miami, FL 33178
(305) 715-3613

Counsel for SafeLink Wireless Inc.

VERIFICATION

State of Florida


County of Miami-Dade

Stephen Athanson, being duly sworn, states the following:

1. I am Senior Attorney for SafeLink Wireless, Inc. ("SafeLink"). I am authorized to make this verification on behalf of Safelink.

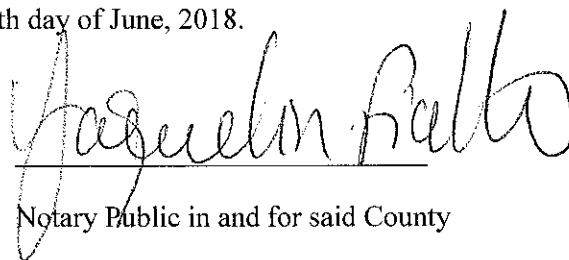
2. I have read SafeLink's Annual ETC Report for 2018. I confirm that the information contained therein is true and correct to the best of my knowledge.

The matters addressed above are within my personal knowledge and are true and correct.



Stephen Athanson

Taken, sworn to and subscribed before me this 30th day of June, 2018.


Notary Public in and for said County

My commission expires on the

10 day of July 2018

FCC Form 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2019
<030>	Contact Name: Person USAC should contact with questions about this data	Janet Morejon
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	jmorejon@tracfone.com
Form Type		54.422

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

<210> For the prior calendar year, were there any reportable voice service outages? _____

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
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<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2019
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	

<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
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<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form****FCC Form 481****OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018**

<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

<900> Does the filing entity offer tribal land services? (Y/N)

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

<1000> Voice services rate comparability certification

<1010> Attach detailed description for voice services rate
comparability compliance_____
Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband
comparability compliance_____
Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**
**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018**

<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
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<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2018

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP www.safelinkwireless.com

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2005) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2018

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR 54.313(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2017.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

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CAF BLS Reporting

- (3008A) Please indicate whether new locations were deployed during the prior calendar year. (Yes/No)
- (3008B) Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.
- (3008B1) Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.
- (3008B2) Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.
- (3008C) Please provide the percentage of deployment across the entire study area.

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Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	<input type="text"/>
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	<input type="text"/>
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input type="radio"/> <input type="radio"/>
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="text"/>
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input type="radio"/>
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="text"/>

(3005) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2018

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Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
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<010>	Study Area Code	249012
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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information
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<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

(5010) Do you participate in the Alaska plan? (Yes/No)

(5012)	<p>If the filing carrier identified in its approved performance plans that it relies exclusively on satellite backhaul for a certain portion of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul.</p>	(Yes/No)
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Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: TracFone Wireless Inc.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 07/06/2018
Printed name of Authorized Officer: Javier Rosado	
Title or position of Authorized Officer: Sr Officer Bus Dvlpmnt & Govmt Svcs	
Telephone number of Authorized Officer: 3057156575 ext.	
Study Area Code of Reporting Carrier: 249012	Filing Due Date for this form: 07/16/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
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<010> Study Area Code	249012
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<039> Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.</p>	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.</p>	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

Attachments

TRACFONE WIRELESS INC
2018 FCC FORM 481
SPIN: 143030103

RESPONSE TO (400) COMPLAINTS PER 1000 CUSTOMERS

(010) Study Area Code: 249012
(015) Study Area Name: South Carolina
(020) Program Year: 2018
(030) Contact name: Janet Morejon
(035) Contact Telephone Number: 305-715-6522
(039) Contact Email Address: jmorejon@tracfone.com

(420) Number of Complaints (per 1,000 customers) Mobile Voice Telephony Service for the period 01/01/2017 - 12/31/2017

0.43

TRACFONE WIRELESS INC
2018 FCC FORM 481
SPIN: 143030103

RESPONSE TO (610) FUNCTIONALITY IN EMERGENCY SITUATIONS:

- (010) Study Area Code: 249012
(015) Study Area Name: South Carolina
(020) Program Year: 2019
(030) Contact name: Janet Morejon
(035) Contact Telephone Number: 305-715-6522
(039) Contact Email Address: jmorejon@tracfone.com

Certification that the ETC is able to function in emergency situations

- (610) TracFone will be able to function in emergency situations to the extent that its underlying network providers are able to do so. TracFone provides service using the networks from several of the leading wireless companies in the nation, including Verizon Wireless, AT&T Mobility, and T-Mobile. TracFone relies on those networks' reliability in all situations, including emergency situations. Each of those companies complies with applicable requirements for emergency service, including available power supplies. Those network operators have implemented state-of-the-art network reliability standards, which TracFone and its customers benefit from their high standards.

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

249012		143030103
Study Area Code (SAC)		Service Provider Identification Number (SPIN)
(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).		
2017	SC	TracFone Wireless Inc
Recertification Year	State	ETC Name
SafeLink Wireless		TracFone Wireless Inc
DBA, Marketing, or Other Branding Name		Holding Company Name
(If same as ETC name, list "N/A" Do <u>not</u> leave blank)		(If same as ETC name, list "N/A" Do not leave blank)

Does the reporting company have affiliated ETCs?

Yes ☒

No ☐

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes ☒ No ☒

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	1942
February	2124
March	2165
April	2093
May	1454
June	2039
July	2211
August	2095
September	2123
October	2067
November	2004
December	1943
Total Subscribers	24260

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification *All ETCs must complete this section*

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial JR

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial JR

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	4742	4346	3800	4010	3580	3589	24067
B.	0	0	0	0	0	0	840	611	544	502	564	488	3549
C.	0	0	0	0	0	0	3902	3735	3256	3508	3016	3101	20518

Recertification Methods

State of federal database

- D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	357	417	379	345	362	478	2338

- E. Name of the data source(s) used to verify consumer eligibility:

MEDICAID

ETC Direct Contact

- F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	3545	3318	2877	3163	2654	2623	18180

- G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	1650	1919	1714	1658	1379	1331	9651

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	1895	1399	1163	1505	1275	1292	8529

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	0	0	0	0	0	0

J. Name of third party administrator used to verify subscriber eligibility:

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:**Recertification Method: Database**

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial JR

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial JR

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial _____

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

$M = (G+K)$	$N = (D+F+I)$	$O = M/N*100$
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
9651	20518	47.04%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Javier Rosado - Sr. Officer, Alternative

Signature of Officer

jrosado@tracfone.com

Email Address of Officer

Janet Morejon

Person Completing This Certification Form

Javier Rosado - Sr. Officer, Alternative

Printed Name and Title of Officer

Jan 31, 2018

Date

305-715-6522

Contact Phone Number

**BEFORE THE
SOUTH CAROLINA PUBLIC SERVICE COMMISSION**

IN RE:)	Docket No. 2018-14-C
)	
Request for Certification of the Use)	
Of Universal Service Funds Pursuant to)	
47 C,F,R, 54.314 and Telecommunications)	CERTIFICATE OF SERVICE
Act Section 254(e), Federal)	
Communications CC Docket No. 96-45)	
(2016) (Form 481); and Annual Reports)	
For ETC)	
)	

I hereby certify that on July 17, 2018, I served one copy of the Annual Report on behalf of SafeLink Wireless, Inc. by electronic mail to the following individuals:

Jeffrey M. Nelson
jnelson@regstaff.sc.gov
Office of Regulatory Staff
1401 Main Street, Suite 900
Columbia, SC 29201

s/ Jeremy C. Hodges

Columbia, South Carolina
July 17, 2017